

Department of Mental Health

Mental Illness Division

Operational Year 2009-2010

2nd Quarter Progress

Department of Mental Health Mission Statement: Lift life's possibilities for Alabamians with intellectual disabilities, mental illnesses and/or substance use disorders.

Department of Mental Health Vision Statement: Lifting life's possibilities through a system of care and support that is consumer driven, evidence-based, recovery focused, outcome oriented and easily accessible, with a life in the community for everyone.

Department of Mental Health Values: Respect, Accountability, Accessibility, Collaboration, Inclusion, Choice, Diversity, Hope, and Compassion

The goals and measures below are distributed to the Governor's SMART Office and Department Stakeholders once a quarter to monitor progress on priority areas for the Mental Illness Division.

Workload Measures (Monitor capacity for certain division activities)

Workload Measure	1 st Qtr. Target	1 st Qtr. Actual	2 nd Qtr. Target	2 nd Qtr. Actual	3 rd Qtr. Target	3 rd Qtr. Actual	4 th Qtr. Target	4 th Qtr. Actual	Annual Target	Annual Actual
State-operated psychiatric hospital utilization rate per 1,000 population (2008 National Rate - .59)	Collected in 4 th quarter	Collected in 4 th quarter	Collected in 4 th quarter	Collected in 4 th quarter	Collected in 4 th quarter	Collected in 4 th quarter	.74		.74	
Community services utilization per 1,000 population (2008 National Rate - 19.15)	Collected in 4 th quarter	Collected in 4 th quarter	Collected in 4 th quarter	Collected in 4 th quarter	Collected in 4 th quarter	Collected in 4 th quarter	21		21	
Acute Care Unit capacity at state-operated psychiatric hospitals. (Does not include specialty units)	416	416	416	416	416		416		416	
NARH		74		74						
Greil		76		76						
Searcy (admissions)		140		140						
Bryce (admissions)		126		126						
Extended Care Unit and Specialty Unit capacity at state-operated psychiatric hospitals (Does not include specialty units)	357	357	357	357	357		357		357	
Bryce (2 North)		185		185						
Searcy (Hope and Pouncey)		172		172						

Goal for Acute Care Services (Where we want to be in 3 to 5 years)

By 2015, 25% of state-operated psychiatric hospital acute care services (the first 90 days of involuntary commitment – not including specialty units) will be transitioned to community-based services, reducing the acute care average daily census by 25% from the FY 08 baseline of 551.

Strategies (Activities working towards the goal in 2010)

- Expand access to local inpatient, crisis residential, and other treatment, support and housing resources.
- Assist community providers in recruiting and retaining sufficient staff to provide increased community services while maintaining quality standards.

2010 Objectives for Acute Care (Measuring our progress in 2010)

Objective	1 st Qtr. Target	1 st Qtr. Actual	2 nd Qtr. Target	2 nd Qtr. Actual	3 rd Qtr. Target	3 rd Qtr. Actual	4 th Qtr. Target	4 th Qtr. Actual	Annual Target	Annual Actual
The number of probate admissions to state hospitals for individuals with involuntary commitment will be maintained or reduced from the FY 08 baseline of 2,141	535	* 548	535	*570	535		536		2141	
NARH		156		176						
Greil		78		92						
Searcy		175		162						
Bryce		139		190						
The 30 day state psychiatric hospital readmission rate will be maintained or reduced from the FY 07 baseline of 3.5% (2007 National Rate – 9.4%)	Collect in 4 th Quarter	Collect in 4 th Quarter	Collect in 4 th Quarter	Collect in 4 th Quarter	Collect in 4 th Quarter	Collect in 4 th Quarter	Collect in 4 th Quarter	Collect in 4 th Quarter	3.5%	
The average daily census of acute care units will be maintained or reduced from FY 08 baseline of 468.	468	* 475	468	*479	468		468		468	
NARH		67		74						
Greil		80		80						
Searcy (admissions)		194		198						
Bryce (admissions)		134		127						

* Budget cuts in FY 2009 and FY 2010 inhibited progress towards targets. These cuts resulted in suspension of the expansion of community based programs/services and a 1.8 million cut in community contracts.

Goal for Extended Care Services (Where we want to be in 3 – 5 years)

By **2012**, state-operated psychiatric hospital extended care units (units providing care over 180 days – not including specialty units) will increase the number of patients discharged by 40% from the FY 08 baseline of 156 and decrease the number of in house patient days by 40% from the FY 08 baseline of 131,989.

Strategies (Activities working towards the goal in 2010)

- Conduct assessments with patients in extended care to determine needed community treatment and supports to sustain discharge.
- Increase community treatment and supports consistent with assessment indicated needs.
- Assist community providers with recruiting and retaining sufficient staff to provide increased community services while maintaining quality standards.

2010 Objectives for Extended Care Services (Measuring our progress in 2010)

Objective	1 st Qtr. Target	1 st Qtr. Actual	2 nd Qtr. Target	2 nd Qtr. Actual	3 rd Qtr. Target	3 rd Qtr. Actual	4 th Qtr. Target	4 th Qtr. Actual	Annual Target	Annual Actual
The number of patients discharged from extended care into local services will increase by 20% from FY 08 baseline of 156.	47	*28	47	*22	47		46		187	
Searcy (Hope and Pouncey)		17		16						
Bryce (2 North)		11		6						
The number of patient days (days spent receiving care in an extended care unit) will decrease by 20% from FY 08 baseline of 131,989.	26,398	*31,599	26,398	*30881	26,398		26,398		26,398	
Searcy (Hope and Pouncey)		14,363		13,933						
Bryce (2 North)		17,236		16,948						

* Budget cuts in FY 2009 and FY 2010 inhibited progress towards targets. These cuts resulted in suspension of the expansion of community based programs/services and a 1.8 million cut in community contracts.

Goal for Child and Adolescent Services (Where we want to be in 3 to 5 years)

By **2012**, the number of children and adolescents served will increase by 10% over the FY 2007 baseline of 25,000

Strategies (Activities working towards the goal in 2010)

- Identify gaps in the continuum of care with emphasis on: psychiatric care and telepsychiatry, outpatient services, school based services, evidence-based practices, in-home intervention, case management, transitional age services, and respite care services.
- Collaborate with other child-service agencies to jointly fund interagency services.
- Provide specialized training to professionals as needed to develop and support provision of evidence-based and best practices.

2010 Objectives for Child and Adolescent Services (Measuring our progress in 2010)

Objective	1 st Qtr. Target	1 st Qtr. Actual	2 nd Qtr. Target	2 nd Qtr. Actual	3 rd Qtr. Target	3 rd Qtr. Actual	4 th Qtr. Target	4 th Qtr. Actual	Annual Target	Annual Actual
The number of children/adolescents served will increase by 3% from the FY 07 baseline of 25,000.	13000	14, 051	4250	4265	4250		4250		25750	
The number of days of residential and in-home service for children/adolescents will increase by 3% over FY 07 baseline of 65,000.	17,450	21,932	16,500	29,994	16,500		16,500		66950	
The number of hourly units in outpatient and case management for children and adolescents will increase by 3% over FY 07 baseline of 293,000.	75,000	*54,794	75,000	85,373	75,000		75,000		76,790	

* Budget cuts in FY 2009 and FY 2010 inhibited progress towards targets. These cuts resulted in suspension of the expansion of community based programs/services and a 1.8 million cut in community contracts.
